

AMHERST HEALTH DEPARTMENT

70 BOLTWOOD WALK • AMHERST • MA • 01002

Office (413) 256-4077 Fax (413) 256-4053

Environmental Health (413) 256-4033

www.amherstma.gov

FOOD ESTABLISHMENT APPLICATION

Name of Establishment _____ Date _____

Business Address _____ Business Phone _____

Mailing Address (if different) _____

Owner _____ Owner's Phone _____

Address of Owner _____

Name & Title of Applicant (if different from Owner) _____

If Corporation or partnership, give name, title & home address of officers or partners.

Name

Title

Home Address

Home Phone

State of Incorporation _____ Name & Address of Local Agent _____

Emergency Response Person: Name _____ Home phone _____

<u>Type of Establishment</u>	<u>Fee</u>	<u>Duration of Permit</u>	<u>Amount to be Paid</u>
Bakery	125.00	<input type="checkbox"/> Annual	_____
Catering	125.00		_____
Food Establishment	275.00	<input type="checkbox"/> Temporary	_____
Food Service Plan Review	175.00		_____
Frozen Dessert	75.00		_____
Mobil Food*	115.00		_____
Residential Kitchen	50.00		_____
Retail	175.00		_____
Special Events/Temporary	45.00/35.00 non-profit		_____
Supermarket	800.00		_____

Total _____

Please Note The Following Late Fees Will Be Enforced

First 30 Days Overdue \$50.00..... 60 Days & Each Month Thereafter \$100.00

No Charge for Initial Inspection & First Re-inspection. \$75.00 Each Inspection Thereafter.

Over for Additional Information and Signatures

ADDITIONAL INFORMATION

Water Source ☐ Town ☐ Well **Sewage Disposal** ☐ Town ☐ Private **Grease Trap** ☐ Yes ☐ No

Days & Hours of Operation _____ **Number of Seats** _____

Food Being Served: _____

Persons Trained in Anti-Choking Procedures (if 25 seats or more) ☐ Yes ☐ No **How Many?** _____

*******Must Submit Copies of Anti-Choking Certifications for Each Individual*******

***MOBILE FOOD UNITS OR PUSHCARTS**

☐ **COPY OF PEDDLAR'S LICENSE** ☐ **LIST OF HAND WASHING AND TOILET FACILITIES**

Submitted Applications to: ☐ **Board of Selectman** ☐ **Fire** ☐ **Police**

TEMPORARY PERMIT

Start Date: _____ **End Date:** _____

√Signature of Applicant

Social Security Number or Federal Identification Number

Pursuant to M.G.L. CH. 62C Sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State Tax Returns and paid all State Taxes required under law.

√Signature of Individual or Corporate Name

By _____

Corporate Officer (if applicable)

Workers' Compensation Insurance Affidavit (M.G.L. c. 152 #25C (6))

I, _____ do hereby certify that:

1. [☐] I am an employer providing the following workers compensation coverage for my employees
_____ (policy # / insurance company)
2. [☐] I am not required to have workers' compensation insurance under M.G. L. c. 152, Sect. 25 (c) (6)

***Any applicant that checks #1 above must also fill out the Worker's Compensation Affidavit.**

PAYMENT IS DUE WITH COMPLETED APPLICATION

**Return to: Environmental Health Services
Bangs Community Center, 2nd Fl
70 Boltwood Walk
Amherst, MA 01002**

Make Check Payable to: Town of Amherst

I have submitted plans/applications to the following: (please note date of submittal on applicable line.)

_____	Board of Selectmen	_____	Plumbing
_____	Zoning	_____	Electric
_____	Planning	_____	Police
_____	Building	_____	Fire
_____	Other _____	_____	Conservation

Meals to be served:

_____ Breakfast
 _____ Lunch
 _____ Dinner

No . of Seats: _____
 No. of Staff: _____
 (Maximum per shift)
 Square Feet: _____

Please enclose the following documents:

_____ Proposed Menu
 _____ Specification sheets for each piece of equipment
 _____ Site plan showing location of business in building, location of building on site including alleys, and streets, location of any outside facility (dumpsters walk-ins)
 _____ Plan drawn to scale of facility showing location of equipment, plumbing and electrical

Please make certain the following information is available on the plans or attached on the additional documents:

- If Restaurants: Number of Employees _____
- Details of lighting - location , type and type of shielding or protection.
- Details of ventilation - mechanical or natural, CFM.
- Location and size of all grease traps/Plan for frequency of cleaning.
- Location of employees, handicapped and/or patron restroom including lavatories, water closet and urinals.
- Location of employees dressing rooms and/or lockers.
- Note that ceiling walls and floors must be suitable finished to facilitate cleaning. All stud, joists and rafters shall not be left exposed. Utility service lines and pipes must be unnecessarily exposed.
- Details of special operations such as salad bars, bulk foods and vacuum packing.

A. **Finished Schedule**

Applicant fill in materials (i.e. quarry tile, Stainless Steel, 4" plastic covering molding, etc.)

	<u>Floor</u>	<u>Covering</u>	<u>Walls</u>	<u>Ceiling</u>
<u>Kitchen</u>	_____	_____	_____	_____
<u>Warewashing</u>	_____	_____	_____	_____

<u>Food Storage</u>	_____	_____	_____	_____
<u>Other storage</u>	_____	_____	_____	_____
<u>Bathrooms</u>	_____	_____	_____	_____
<u>Dressing Rooms</u>	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

B. Insect and Rodent Harborage

Applicant: Please check appropriate boxes.

	<i>Yes</i>	<i>No</i>	<i>N/A</i>
1. Are all outside doors self – closing with rodent proof flashing?	[]	[]	[]
2. Are screen doors provided on outside doors for use in summer?	[]	[]	[]
3. Do all operable windows have a minimum #16 mesh screening?	[]	[]	[]
4. Are all pipes, electrical conduit chases, ventilation systems exhaust and intakes sealed?	[]	[]	[]
5. Is area around building clear of unnecessary brush, litter, boxes or other harborage?	[]	[]	[]
6. Are air curtains used?	[]	[]	[]

If “Yes” Where_____

C. Garbage and Refuse

Recycling Plan

YES	NO	NA
[]	[]	[]

Inside

7. Do all containers have lids?	[]	[]	[]
8. Will refuse be stored inside? If so, where?_____	[]	[]	[]
9. Is there a can cleaning sink or area?	[]	[]	[]

Outside

10. Will a dumpster be used? ☐ ☐ ☐
 Number_____ Size_____
 Frequency of pick up_____
 Contractor_____
11. Will a compactor be used ? ☐ ☐ ☐
 Number_____ Size_____
 Frequency of pick up_____
 Contractor_____
12. Will cans be stored outside? ☐ ☐ ☐
13. Describe surface dumpster /compactor/and cans
 to be stored_____ ☐ ☐ ☐

D. Plumbing

Please describe back - siphonage protection of the following:

	<u>AIR GAP</u>	<u>AIR BREAK</u>	<u>CHECK VALVE</u>	<u>“P” TRAP</u>	<u>VACUUM BREAKER</u>
14. Water closets	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
15. Urinals	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
16. Dishwasher	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
17. Garbage grinder	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
18. Ice machines	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
19. Ice storage bin	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
20. Sinks	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
21. Steam tables	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
22. Dipper wells	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
23. Refrigerator	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
24. Hose connector	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
25. Potato peeler	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Soap dispensers (wall mounted, individual free standing pump dispensers, and numbers.)_____

27. Hand drying facilities (paper towels, air blower, etc.)_____

28. (A)Describe waste receptacles in each restroom:_____

(B) Bathroom door (s) must be solid core with closure (s)_____

E. Water Supply Is water supply public ☐ or private ☐ ?

29.If private, has source been approved?

YES ☐ NO ☐ PENDING ☐

Please attach copy of written approval.

30. Is ice made on premises ☐ or purchased commercially ☐ ?

If on premises, are specifications of machine enclosed?

YES [] NO []

Describe provision for ice scoop storage: _____

F. Sewage Disposal

31. Is building connected to municipal sewer? YES [] NO []

32. If no, has private disposal system been approved? YES [] NO []

Please attach copy of written approval. PENDING []

G. Dressing Rooms

33. Are separate dressing rooms provided? YES [] NO []

34. Describe storage facilities for employees personal belongings (i.e., purse, coats, boots, umbrella, etc.)

H. General

35. Describe facilities for separation of storage of insecticides/rodenticides and detergents/sanitizes/cleaning agents/caustics/polishes and first - aid supplies/ personal medications. _____

36. Is laundry facilities located on premises? YES [] NO []

If yes, what will be laundered? _____

Is location physically separated from food preparation areas and warewashing?

YES [] NO []

37. Location of clean linen storage: _____

38. Location of dirty linen storage: _____

Exhaust Hoods

Fire Protection

Hood Locations	Odor Supp. Dvce/ Filters	Sq. Ft.	(Previous Engineered Fixed) (Extinguishing System)	Air Capacity CFM
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I. Sinks

39. Is a separate mop sink present? YES [] NO []

If no, please describe facility for cleaning of mops and other equipment: _____

40. Is a separate food preparation sink present? YES [] NO []

41. Is a separate hand washing sink present in the food preparation area? YES [] NO []

J. Dish washing Facilities

42. Will sinks or a dishwasher be used for warewashing? YES [] NO []

43. Dishwasher

Type of sanitation used?

Hot Water (Temp. provided) _____

Booster heater _____

Chemical type _____

44. Sinks

Does the largest pot and pan fit into each compartment?

Yes [] No []

45. Are there drain boards on both ends

Yes [] No []

46. What type of sanitizes is used?

Chlorine _____

Iodine _____

Quaternary Ammonium _____

Hot water _____

(Please make certain the corresponding test kits are available at the preopening inspection.)

Statement: I certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the office may nullify this approval.

Date _____

Signature _____

Owner (s) or responsible representative (s)

Approval of these plans and specifications by this Health Department Does Not indicate compliance with any other code, law or regulations that may be required – Federal, State, or Local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A preopening inspection of the establishment with equipment will be necessary to determine if it complies with the local and state laws governing food service establishments.

REVIEWER'S CHECK LIST

Sat. UnSat. N/A Insuff/info

1. Finish Schedule	[]	[]	[]	[]
Kitchen	[]	[]	[]	[]
Warewashing	[]	[]	[]	[]
Food Storage	[]	[]	[]	[]
Other Storage	[]	[]	[]	[]
Bathrooms	[]	[]	[]	[]
Dressing Rooms	[]	[]	[]	[]
2. Insect and Rodent Harborage	[]	[]	[]	[]
3. Garbage and Refuse	[]	[]	[]	[]
4. Plumbing	[]	[]	[]	[]
5. Water Supply	[]	[]	[]	[]
6. Sewage Disposal	[]	[]	[]	[]
7. Dressing Rooms	[]	[]	[]	[]
8. Separate storage of toxics	[]	[]	[]	[]
9. Laundry Facilities	[]	[]	[]	[]
10. Linen Storage	[]	[]	[]	[]
11. Exhaust Hoods	[]	[]	[]	[]
12. Sinks	[]	[]	[]	[]
13. Dish washing	[]	[]	[]	[]
14. Lighting	[]	[]	[]	[]
15. Ventilation	[]	[]	[]	[]
16. Grease Traps	[]	[]	[]	[]
17. Employee Restroom	[]	[]	[]	[]
Location	[]	[]	[]	[]
Number _____	[]	[]	[]	[]
Soap	[]	[]	[]	[]
Hand Drying	[]	[]	[]	[]
Lavatories	[]	[]	[]	[]
Water Closets	[]	[]	[]	[]
Urinals	[]	[]	[]	[]
Waste Receptacles	[]	[]	[]	[]
18. Patrons Rest rooms	[]	[]	[]	[]
Location	[]	[]	[]	[]
Number _____	[]	[]	[]	[]
Soap	[]	[]	[]	[]
Hand Drying	[]	[]	[]	[]
Hand Washing Signs	[]	[]	[]	[]
Lavatories	[]	[]	[]	[]
Water Closets	[]	[]	[]	[]
Urinals	[]	[]	[]	[]
Waste Receptacles	[]	[]	[]	[]

	<u>Sat.</u>	<u>UnSat.</u>	<u>N/A</u>	<u>Insuff/info</u>
19. Kitchen Equipment	[]	[]	[]	[]
A. Space between units or wall closed or adequate space for easy cleaning	[]	[]	[]	[]

B. Aisles sufficient width	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Storage 6" off floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Countertops and cutting boards of suitable materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Self serve food area adequately protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Built-in external temperature gauges or provision for separate internal thermometers noted for each piece of refrigerated equipment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Thermometers for hot food (s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Utensils and kitchen Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleaned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soiled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Counter mounted equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Floor mounted equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Vacuum packaging equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Bulk Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. Self Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot/Cold Buffet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: (note why any item was noted "Unsatisfactory")

Reviewer Signature

Date

Reviewer Title

Approval

Date

Disapproval

Date

Reason (s) for Disapproval

Dates of Operation if not Annual _____

FOOD MANAGER CERTIFICATION

Code Requirement

Effective October 1, 2001, the Massachusetts Food Establishment Regulation, 105 CMR 590.003(A)(2) requires food establishments to have at least one person-in-charge (PIC) who is a certified food protection manager. This person must be at least eighteen years of age and be a full-time equivalent on-site manager or supervisor. When the certified PIC is

unavailable during operating hours, an alternate PIC must be assigned. The alternate PIC does not require certification; however, this person must be knowledgeable in food safety, food borne illness prevention and corrective actions.

All food establishments must have a certified food protection manager except the following:

- Temporary food establishments operated by non-profit organizations
- Daycare operations which prepare and /or serve only snacks
- Food establishments which sell only pre-packaged food
- Food establishments with limited preparation of non-potentially hazardous food

Food establishments which prepare and serve USDA meat and poultry products containing 120 PPM nitrite and 3.5% brine concentration, such as hotdogs.

Importance of Food Manager Certification

Massachusetts has adopted the food manager certification in order to protect public health and prevent food borne illness. A certificate implies that the person has knowledge of food safety and the prevention of food borne illness through the control of risk factors. The certified person must be able to apply this knowledge in day –to-day operations in order to provide consumers with safe food.

Responsibility of the Certified Food Manager

The certified food protection manager is responsible for monitoring and managing all food establishments operations and to ensure that the facility is operating in compliance with food establishment regulations. The certified PIC must be knowledgeable about food borne illness prevention and must use this knowledge to recognize hazards and take appropriate preventive and corrective actions.

How to Become a Certified Food Protection Manager

A PIC becomes a certified food protection manager by passing one of four accredited examinations. The four accredited examination development companies are:

- Certifying Board for Dietary Managers, 1-800-323-1908
- Experior Assessments, 1-800-200-6241
- National Registry of Food Safety Professionals, 1-800-44-0257
- National Restaurant Association Educational Foundation (Serve Safe), 1-800-765-2122

Independent consultants and organizations administer these examinations. Upon passing one of the accredited exams the PIC will receive a certificate and will be in compliance with the certification requirement.

Although training is not a Massachusetts requirement, it is strongly recommended. Most consultants and organizations conduct trainings and then administer an exam.

How to Find Training

To find food protection training in your area, contact your local board of health. Your local board of health should have information on trainings in the area. Many local boards of health are organizing training and examinations for the food industry. They can also provide a list of trainers in Massachusetts. The four examination organizations may also be contacted to obtain information on trainings in the Massachusetts area.

Length of Certification

At this time, the Department of Public Health has not established a re-certification requirement.

The NEW 590--What are the major changes to regulations governing retail food establishments?

October 1, 2000, the updated State Sanitary Code governing retail food service establishments will be in effect. Below is a brief description of some of the major changes that the industry will need to know.

1. Certified Food Protection Manger Requirement

Every food service establishment must have at least one full time equivalent employee who is at least 18 years of age, and who has passed a food safety exam, which is recognized by the Department of Public Health. This person must be someone who is responsible for overseeing the day-to-day preparation of food. Although the

Department does not require that this person participate in a training program, passing one of the recognized exams does require detailed knowledge of food safety and the prevention of food borne illness. Most employees will need to take a training course in order to pass the exam and become certified. Establishments have until October 1, 2001 to come into compliance with this requirement. The only establishments that are exempt from this requirement are:

- Temporary food establishments operated by non-profit organizations
 - Daycare operations which prepare and/or serve only snacks
 - Food establishments which sell only pre-packaged foods
 - Food establishments which conduct limited preparation of non-potentially hazardous food
- Food establishments which prepare and serve USDA meat and poultry products containing 120 PPM nitrite level, 3.5% brine concentration such as frankfurters.

2. The Assignment of a Person in Charge (PIC)

A PIC must be present in the food establishment during all hours of operation. The assigned PIC must be knowledgeable about food safety and the prevention of food borne illness. The PIC must also ensure that the food establishment is operating in compliance with 105 CMR 590.00. Most of the time, the person who is certified food protection manager should be the PIC. When that person is not on the premises, an alternate PIC should be assigned. The alternate PIC does not have to be certified, but they are expected to carry out the same duties as the certified person. No food service establishments are exempt from this requirement

3. Employee Health

The PIC must require that employees report when they are ill with symptoms that could be due to an illness which can be spread through food. Symptoms that should be reported include: diarrhea, vomiting, jaundice, fever, sore throat with fever, and any cuts or open wounds on exposed skin. Employees must also report to the PIC when they are diagnosed with an illness, which could be spread through food, or if they live with someone who has such an illness. They must also let the person in charge know if they or someone in their household has been exposed to an outbreak of food borne illness and therefore at risk for getting such an illness. Employees who have symptoms or who are diagnosed with such an illness will either need to be restricted in their duties or prevented from working altogether. In order to determine what action the PIC should take, consult the "Guide to Excluding and Restricting Food Employees for Establishments Serving the General Population" and consult your local Board of Health. The bottom line is that ill employees should not be working with exposed food and clean utensils and equipment, and in some cases ill employees should not be working at all.

4. No Bare Hand Contact with Ready-to-Eat (RTE) Foods

The regulations prohibit all bare hand contact with RTE foods. Deli tissues, gloves, tongs, spatulas are good alternatives to using bare hands. The only exception is that bare hands can be used to wash fruits and vegetables. If an establishment wishes to use bare hands when preparing RTE foods, they must first develop and maintain a Written Alternative Operational Procedure. This procedure must include a description of the food preparation process in which bare hand contact will be used, a description of how employees will be trained in proper hygiene and how they will be monitored, and how the PIC will verify that the employee health requirements are being met. The exact requirements are spelled out in the brochure entitled "Alternative to Bare-Hand Contact with Ready-to-Eat Foods" The written procedure must be made available to the Board of Health upon request.

5. Consumer Advisory

When an establishment serves or sells raw or undercooked animal foods as ready-to-eat foods, the consumers must be advised that eating such food increases their risk of contracting a food borne illness. All foods of animal origin are of concern including fish, shellfish, beef, pork, lamb, poultry, eggs and un-pasteurized dairy products. The raw or undercooked food or ingredient must be clearly identified to the consumer, and the consumer must also be reminded about the increased risk of illness due to eating undercooked or raw animal foods. The reminder can be written on the menu, on a table tent, on a placard, put in a brochure, or by any other effective written means. Establishments have until January 1, 2001 to come into compliance with this regulation.

6. Time as a Public Health Control

This provision allows potentially hazardous foods to be left out at any temperature for up to 4 hours prior to service for immediate consumption or during necessary preparation prior to cooking. However, before an

establishment may do this they must develop a written plan that describes how they will mark and monitor the food so that it is either cooked, eaten or discarded by the end of the 4 hours. The establishment must submit their plan to the local Board of Health and obtain approval BEFORE they are allowed to use time as a public health control. Once a food is taken out of temperature control, it must be consumed or cooked within 4 hours or it must be thrown out. It may not be cooled, refrigerated or frozen for use at another time.